

Avenues to Competitive Employment Through Medicaid

Virginia's Application for a Medicaid Infrastructure Grant

May 2001

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Table of Contents

I.	PROJECT ABSTRACT.....	1
II.	PROJECT NARRATIVE.....	2
	A. Current Infrastructure.....	2
	Characteristics and Needs of People with Disabilities Currently Employed in Virginia.....	2
	Services to People with Disabilities Currently Employed or Seeking Employment.....	4
	Personal Assistance Services Delivery Systems Currently in Place in Virginia.....	7
	Virginia's Current Capacity to Support Return to Work by People with Disabilities.....	9
	B. Use of Grant Funds.....	11
	Removal of Barriers	11
	Health Systems Change.....	14
	Communications/Access Plan.....	15
	Partnerships.....	18
	Monitoring Plan.....	19
	Research/Program Development.....	20
	C. Products and Timelines.....	22
	D. Organization and Staffing.....	26
	E. Endorsements and Support.....	29

III.	Budget Narrative.....	31
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IV. Appendices

Appendix A: Organizational Chart

Appendix B: Memoranda of Understanding

Appendix C: Key Staff Qualifications

Appendix D: Medicaid HCBS Waivers

Appendix E: Consumer Forum Summary

Appendix F: Letters of Support

Project Abstract

Virginia's Infrastructure Grant proposal contains several goals and objectives to help remove barriers to competitive employment for individuals with disabilities. First, Virginia will design, implement, and test the impact of a Medicaid buy-in program. Also, various misconceptions and stereotypes will be addressed through different avenues of outreach and education. Complementary education and training activities will focus on increasing general knowledge of available work incentives and the mechanisms through which services can be accessed. Furthermore, Virginia will make personal assistance services in the Medicaid Home and Community Based Services Waivers more conducive to the employment of individuals with disabilities.

The Department of Medical Assistance Services (DMAS) seeks funding under the Infrastructure Grant as a fully eligible state. Funds are requested in the amount of \$500,000 a year for four years with the total project grant award equaling \$2,000,000.

The goals listed above all help to reduce barriers to employment for individuals with disabilities. Funding from the Infrastructure Grant will help to make these goals a reality and expand competitive employment opportunities for persons with disabilities.

DMAS has formed a collaborative partnership with a number of state agencies. In particular, the Department of Rehabilitative Services will play a lead role in ensuring the needed infrastructure for a Medicaid buy-in program is in place. The Department of Medical Assistance Services, the Department of Rehabilitative Services, other state agencies, consumers, employers, and advocates all look forward to moving ahead on this exciting initiative.

Project Narrative

Current Infrastructure

Virginia has an extensive network of services, provided by the Department of Medical Assistance Services and other state and local organizations, designed to assist people with disabilities, including those who are currently employed or seeking employment. This section will describe both the available information on Virginians with disabilities, and the employment-related services that are available to them.

Characteristics and needs of people with disabilities currently employed in Virginia

Several sources of information are available on currently-employed Virginians with disabilities. The Virginia Disability Survey (VDS) of 1999, commissioned by the Virginia Department of Rehabilitative Services, provides recent statewide data on people with disabilities in Virginia. The VDS identified 11.8% of working-age (ages 16-64) Virginians, or about 517,862 individuals, as having a disability. Almost half (46%) of working-age individuals with disabilities were working, compared with 81% of working-age individuals without disabilities. However, only one-third (32%) of those working-age individuals with disabilities who were employed were working 35 or more hours per week.

Information from the Social Security Administration indicates that, of the 75,179 working-age (18-64) Virginians with disabilities who were receiving Supplemental Security Income (SSI) in December 2000, less than one in ten (9.3%, or 7,028 individuals) were employed. Also, less than one-quarter of those who were working (23.7%, or 1,666 individuals) were eligible to continue receiving Medicaid under the 1619(b) work incentive program. During the same time period, relatively few disabled individuals were making use of other SSA work incentives: only 24 individuals (less than 1%) had Plans for Achieving Self-Support (PASS), only 93 (1.3%) were benefiting from use of the Blind Work Expenses provisions, and 617 (8.8%) made use of the Impairment-Related Work Expenses (IRWE) benefit.

The client data system maintained by the Virginia Department of Rehabilitative Services (DRS) offers additional information. DRS provides vocational rehabilitation (VR) and other services to Virginians

with disabilities, except for those with a primary disability of blindness or other visual impairment, who are served by the Virginia Department for the Blind and Vision Impaired (DBVI).

Over 80% of DRS clients who receive VR services are classified as having one or more significant disabilities. During State Fiscal Year (SFY) 2000, DRS served 23,732 VR clients. Table 1 shows the primary disabilities of these clients.

Table 1. Primary Disability of DRS VR Clients: Proportion of Total VR Client Population	
Mental illness	23%
Mental retardation	18%
Limb impairment (excluding spinal cord injury)	18%
Learning disability	16%
Hearing impairment/deafness	5%
Alcohol/substance abuse disability	5%
Brain injury	3%
Spinal cord injury	2%

Data maintained by DBVI indicates that, as of May 2000, the legally blind population of Virginia was approximately 26,392. Among the working-age (ages 18-69) members of this population, it is estimated that only 32%, or about 8,445 individuals, are employed either full-time or part-time. During SFY 2000, DBVI served 1,268 eligible individuals in its VR program.

A 1999 report to the Governor and the General Assembly of Virginia by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and DRS on the ***Employability Needs of Persons with Serious Mental Illness, Mental Retardation and Substance Abuse Problems*** found significant unemployment rates among these populations (see Table 2).

Table 2. Unemployment Rates: Virginians with Mental Disabilities		
Adults with Mental Illness	Adults with Mental Retardation	Adults with Substance Abuse
85%	62%	55%

These unemployment rates and lack of jobs for people with mental disabilities are major barriers to successful recovery, community integration, and financial independence.

This same study found that a significant proportion of Virginians with mental disabilities need to, want to, and can be competitively employed. National data on employment outcomes suggests over 40% of individuals with a serious mental illness obtain stabilized employment when appropriate employment services and supports are available.¹ Two joint specialized programs piloted in Virginia and described below demonstrate similar outcomes.

Services to People with Disabilities Currently Employed or Seeking Employment

Vocational rehabilitation (VR) services are provided, with federal funds from Title I of the Rehabilitation Act and matching state funds, to eligible Virginians with disabilities by DBVI and DRS. Both agencies provide evaluation services to determine eligibility for VR services. Individualized programs are developed with eligible individuals to assist with obtaining or retaining employment. VR services help to make many types of employment opportunities available to persons with disabilities.

DBVI provides VR services that include training to assist individuals in adjusting to the loss of vision; vocational and adjustment counseling; vocational training, eye surgery and/or eye treatment for a limited number of individuals; adaptive equipment for training and/or employment; rehabilitation engineering services to modify training and/or job sites; and supported employment services for individuals who are blind and have other disabilities. DBVI also provides job placement and follow-up services.

DRS provides VR services including counseling, guidance, and referral; medical services needed to become employed; personal assistance services needed to receive VR services; transportation services needed to participate in a VR program; technology services (e.g., devices and modifications to homes, vehicles, work stations); telecommunications, sensory and other technological aids and devices; vocational training (such as job training, post-secondary education, work adjustment training, and supported

¹ In Virginia, this is estimated to be a total of 108,874 adults, using the 1996 estimated Virginia adult population and estimated prevalence rate of 5.4% for serious mental illness as defined by the U.S. Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration.

employment services); tools, equipment and occupational licenses not typically provided by an employer; job seeking skills training; job placement assistance; and post-employment follow-up services.

Over 85 local and regional community rehabilitation programs (CRPs) throughout the state provide an array of employment-related services to individuals with disabilities. CRPs also provide competitive goods and services to public and private industry. Services offered to businesses include packaging, assembly, collating, fabricating, mailing services, prime manufacturing, printing services, screen printing, micrographics, laundry services, custodial maintenance services, landscape maintenance services, data entry, and recycling.

The sixteen non-profit Centers for Independent Living (CILs) in Virginia, funded by state, federal, local and private dollars, provide services to individuals with significant disabilities and to their local communities. All CILs provide core services including information and referral, peer counseling, independent living skills training, and individual and systems change advocacy. Services provided to the community, including local employers, encompass disability awareness training, technical assistance regarding accessibility and legal issues, and general disability-related information.

The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) contracts with local entities, known as community services boards (CSBs), to provide community mental health, mental retardation and substance abuse services. DMHMRSAS funds, monitors, licenses, regulates, and provides consultation to these CSBs. There are 40 CSBs in Virginia which function as:

- The single point of entry into the publicly-funded mental health, mental retardation, and substance abuse services system;
- Advocates for consumers and individuals in need of services; and,
- Community educators, organizers and planners.

The CSBs provide directly or through contracts with other providers: outpatient mental health and substance abuse counseling, case management and services coordination, methadone maintenance and detoxification, and a wide range of day support, residential, and prevention and early intervention services. Several day support services focus primarily on employment services and supports for individuals with disabilities. They include:

- Psychosocial Rehabilitation—a mental health service to provide opportunities to learn and use independent living, social, interpersonal, and pre-vocational skills in a supportive environment in the community.
- Sheltered Employment—a service for individuals with mental retardation and/or mental illness that provides work in a non-integrated setting to individuals who are not ready, are unable, or choose not to enter into competitive employment in an integrated setting.
- Supported Employment—a service for individuals with mental illness, mental retardation or substance abuse problems that provides work to small groups of individuals (group model) or to a single consumer (individual model) at a job site in the community or at dispersed sites within an integrated setting. On-going support services may be provided by an employment specialist, co-workers, or other qualified individuals and may include transportation, job-site training, counseling, advocacy and other supports needed to achieve and maintain the individual in their job.

DMHMRSAS and DRS are also engaged in a cooperative effort to provide specialized vocational services and supports to individuals with a serious mental illness and to persons with substance abuse and addiction problems. The specialized program for individuals with a serious mental illness places a DRS counselor in psychosocial rehabilitation programs at 12 CSBs, thereby enhancing vocational development, placement and job retention services. The specialized program for people with alcohol and other drug dependency problems addresses job entry and maintenance by integrating VR services with the clinical

treatment process at the CSBs via the co-location of 21 DRS counselors at 19 CSBs. These specialized programs focus on vocational development, work habits, job readiness, and employment follow-along services, along with coordinated CSB clinical and social supports, to bring about greater consumer community integration and vocational success.

Personal Assistance Services Delivery Systems Currently in Place in Virginia

Personal assistance services (PAS) are provided through several different programs funded by state and/or federal dollars. DRS administers three programs:

- VR PAS, funded through Title I of the Rehabilitation Act with matching state funds, has two PAS options for individuals who are currently receiving or who may be eligible for vocational rehabilitation services. The consumer-directed PAS option is available to VR consumers who are able and interested in managing their personal assistant. An agency-managed option is available to individuals who do not wish or are not able to manage their own assistant.
- State-funded PAS, a consumer-directed program funded through state General Funds, may be available to individuals who do not qualify for PAS under VR PAS, Medicaid waiver services (see below), or any other program. This program is limited in funding, and there is generally a waiting list for services.
- PAS for Individuals with Brain Injury is also consumer-directed in nature, and funded through state General Funds. This program is available to eligible individuals with brain injury who do not qualify for PAS from any other source. Individuals must have a representative to assist in management of the program.

An assessment is required for participation in any of these programs. Also, comparable benefits, such as Medicaid waiver PAS programs, must be examined before PAS is provided by DRS.

Virginia currently offers PAS in its Medicaid program, administered by the Department of Medical Assistance Services (DMAS), Virginia's single State Medicaid Agency, through six 1915(c) Home and Community-Based Service (HCBS) waivers. The six waivers are:

- Acquired Immune Deficiency Syndrome (AIDS)/HIV Waiver,
- Elderly and Disabled (E&D) Waiver,
- Consumer-Directed Personal Attendant Services (CDPAS) Waiver,
- Mental Retardation (MR) Waiver,
- Technology Assisted (Tech) Waiver, and
- Individual and Family Developmental Disabilities Support (DD) Waiver.

In accordance with full eligibility, these waivers provide personal assistance services statewide, in the home, and in the community. In Fiscal Year 2000, approximately 15,568 individuals received waiver services in Virginia at a cost of \$336,610,792. The DD Waiver is Virginia's newest waiver, receiving approval by the Health Care Financing Administration (HCFA) to began offering services on July 1, 2000. Specific information about each waiver can be found in Appendix D.

Except for the MR and DD waivers, individuals seeking entry into the HCBS waivers must be screened by a Nursing Home Pre-Admission Screening (NHPAS) Team to determine their eligibility for institutional placement. Individuals applying for services under the AIDS Waiver are screened under hospital care criteria. If individuals meet the criteria for institutional (nursing home) placement, they are offered Medicaid HCBS waiver services as an alternative to institutionalization. If the individual chooses waiver services over institutional care, the NHPAS Team provides individuals with a choice of providers and forwards the screening materials to the provider. The provider then initiates services with the individual. For individuals seeking services through the Tech Waiver, a DMAS Health Care Coordinator must authorize the services and visit the individual prior to authorization.

Individuals seeking access to the MR Waiver are screened through their local CSB. Individuals seeking access into the DD Waiver must first be screened by one of the Health Department's local Child

Development Clinics. Once determined eligible for the waiver, a case manager assists the individual with obtaining services. Although the screening process is different, individuals seeking access to the MR and DD waivers must still meet the criteria for institutional (Intermediate Care Facility for the Mentally Retarded) placement in order to be eligible to receive waiver services.

Virginia's Medicaid HCBS waivers offer individuals personal assistance with activities of daily living. They also provide nutritional support, assistance with medication and other medical needs, health status monitoring and the environmental maintenance necessary for individuals to remain in their homes and active in the community.

Virginia currently offers agency-directed and consumer-directed PAS models. Both models, however, are not currently offered under every Waiver. The AIDS Waiver, E&D Waiver, MR Waiver and Tech Waiver offer an agency-directed model of PAS. The CDPAS Waiver offers a consumer-directed model of PAS. The DD Waiver offers agency and consumer-directed models of PAS and allows consumer-directed PAS to be used to provide workplace supports.

Virginia's Current Capacity to Support Return to Work by People with Disabilities

As with other states, Virginia has its strengths and weaknesses in its capacity to support people with disabilities seeking to return to work. Funds from Virginia's Medicaid Infrastructure Grant (MIG) will help to improve this system.

Strengths: The Commonwealth has a commitment to providing attendant care for individuals with disabilities. Personal assistance services are accessible through the DMAS Medicaid HCBS Waivers and the DRS PAS programs. Virginia provides PAS statewide through its Medicaid HCBS Waivers. Citizens in Virginia are not penalized for living in a certain geographic location within the state. Whether an individual lives in a bustling urban area or a remote rural region, personal assistance services are available.

Virginia has encouraged programs and participation that involve members of the disability community. The CDPAS Waiver directly allows the individual with a disability to control his provision of care,

and the PAS programs administered by DRS are consumer-directed, as well. Furthermore, the input and involvement of the disability community has been sought from the beginning in developing a Medicaid buy-in and creating Virginia's MIG application.

This summer, Virginia will adopt the 1902(m) option and permit aged, blind, and disabled individuals with incomes up to 80% of the FPL to qualify for Medicaid coverage. This is a progressive step forward for the Commonwealth in expanding Medicaid benefits. Adoption of this optional categorically needy group will provide coverage for individuals not previously eligible for Medicaid benefits and will allow many individuals to become eligible for full Medicaid coverage without having to spend down to the medically needy income limits, which currently approximate 38% of the Federal Poverty Level.

A very strong inter-agency collaborative effort has been established. A variety of state agencies have come together to pool their knowledge, expertise, and resources in an effort to help remove barriers to employment that exist for individuals with disabilities. These agencies have already begun working together on the Medicaid Buy-In, as well as the MIG and other Real Choice Systems Change grant opportunities recently developed by HCFA. These collaborative efforts will continue as the Commonwealth continues to address these issues.

Weaknesses: Due to many varying factors, one of Virginia's greatest weaknesses is a non-cohesive system of disability programs and services. There are a variety of programs that exist for individuals with disabilities but they have been pieced together over time, leaving a void in some areas and service overlaps in others. The system is complicated and difficult for "experts", let alone laypersons, to navigate.

Transportation is an issue that has been repeatedly identified as a road block for individuals with disabilities who want to work in Virginia. Transportation supports are limited in this State, and the availability of accessible transportation depends largely on local resources, since not all areas of the state have the financial resources to support public transit. A 1999 study of transportation services in Virginia for

the elderly and disabled, conducted by the Secretaries of Transportation and Health and Human Resources, confirmed that no one state agency has responsibility for ensuring that all of the mobility needs of the elderly and disabled are being met.

The One-Stop Employment Centers mandated under the Workforce Investment Act of 1998 (WIA) have just been initiated in Virginia. One-Stop staff have not yet received adequate training on how best to serve individuals with disabilities, or on work incentives for people with disabilities.

As mentioned above (see Current Infrastructure section), local CSBs may provide extensive support services focused primarily on employment for people with psychiatric disabilities. However, in part because CSBs are not mandated to provide these employment-related services, there is wide variability across the state in the availability of these employment supports for people with mental illness.

Another weakness in Virginia's current capacity to support people with disabilities in employment is the shortage of personal assistants. This is a regionally-recognized labor shortage that is compounded by the low state-approved payment rates for personal assistance services through both the Medicaid and state-funded PAS programs.

Use(s) of Grant Funds

Removal of Barriers

The MIG will provide necessary funds to help address and tear down barriers to employment that exist for people with disabilities in Virginia. According to national statistics and the results of a consumer forum held in Virginia, fear of losing health coverage, perceptions and attitudes, the complexity of programs related to the employment of persons with disabilities, transportation, and personal assistance services remain major issues for individuals with disabilities who want to work. The major barriers to be addressed and Virginia's proposed projects that positively impact the provision of services for individuals with disabilities are discussed below.

Fear of Losing Health Coverage: The Balanced Budget Act of 1997 and the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA) allow states the option of creating a Medicaid buy-in for individuals with disabilities who are employed. This new categorically needy eligibility group allows states to remove a powerful disincentive; fear of losing health coverage. Over the span of four years funds will be used to design, develop, and implement a Medicaid buy-in program. This program will incorporate an employer sponsored health insurance component by providing Medicaid services as wrap-around benefits for those services not available through the employer's insurance package. Grant funds will be used for staffing, expenses incurred by people who have a disability and who volunteer to participate in State planning, design, training, and implementation events, consumer forums, employer forums, changes to Virginia's information systems, educational materials, training, and expenses involved in designing and implementing methods to coordinate the buy-in program effectively with Medicare and other public and private health coverage packages, including employer sponsored health insurance.

Perceptions and Attitudes: There are many misconceptions within the community that involve people with disabilities. Virginia will use part of the grant money to help end the stereotypes and misconceptions, especially among employers, that exist about employing people with disabilities. Throughout the four years of funding, forums will be held to help educate employers and promote the Medicaid buy-in as an economic opportunity, and to gain their perspectives and comments. Virginia's MIG project will make use of existing linkages with the employer community through such avenues as the Chambers of Commerce, the Business Leadership Network, and Virginia Commonwealth University's Business Roundtable, a forum for identifying and addressing factors that inhibit industries from employing workers with disabilities.

Topics to be addressed will include stigmas related to certain disabilities such as mental illness or AIDS, provision of accessible work sites, willingness to make reasonable accommodations, and attitudinal barriers that keep people with disabilities from being employed. Well-tested disability sensitivity training

materials such as the "Windmills" program will be used for these educational forums. Once the Medicaid buy-in program is implemented, training and informational forums will be held for employers to explain what this new option means to their business, employees, and the health insurance coverage they offer.

Complexity of Programs for Employment of People with Disabilities: Programs for individuals with disabilities who work are administered by numerous agencies, all with different rules, programs, and funding sources. This configuration of services creates a complex system that is very difficult to navigate. Virginia proposes to develop educational and informational products to help educate consumers on what services are available and how they fit into this complicated puzzle. Furthermore, a series of training sessions and materials will be developed for case managers and eligibility workers who will be able to help successfully navigate workers with disabilities through the system. Grant funds will be utilized for staffing costs, training materials, and travel.

For example, DMHMRSAS has a comprehensive training and technical assistance resource that will be used in training initiatives with CSBs and other organizations that work with people with mental illness.

The ***Technical Assistance Tool Kit on Employment for People with Psychiatric Disabilities*** was produced in 1999 by the National Technical Assistance Center for State Mental Health Planning, the National Association of State Mental Health Program Directors, the Center for Mental Health Services and the National Institute on Disability and Rehabilitation Research. The tool kit contains materials on such topics as: research on active ingredients in achieving competitive employment for people with a mental illness, culturally competent employment services, transitioning youth with serious emotional disturbance to work, and program descriptions of innovative approaches to employment from several states.

Transportation: This issue remains one of the largest barriers for individuals with disabilities who want to work. Finding transportation that is accessible, reliable, and affordable can be a formidable task. The Medicaid Buy-In Workgroup will focus on transportation issues that relate to individuals with disabilities who work that could be positively impacted. The group will study successful models in other states to see

what changes could be made in Virginia, and will coordinate its activities with other state initiatives, such as those spearheaded by the Disability Commission. Addressing statewide transportation issues will require collaborative planning between public and private entities at both the local and state levels.

Personal Assistance Services: A key component for many individuals with disabilities who want to work are personal assistance services. These services may not be offered under private insurance plans and by the time an individual pays for a personal attendant out of pocket they may be better off financially not working. This is a huge disincentive for individuals to work or even to increase the number of hours they work. Virginia will be making improvements to its personal assistance program by making its Medicaid HCBS waivers more consumer directed and conducive to encouraging employment.

Also, input on this issue will be gathered from public forums and survey feed-back. Grant funds will be used to explore the various options available for Medicaid buy-in program coverage through public input forums, surveys, and other activities to ensure that the needs of the disability community are met. This will include exploring the lack of qualified personal attendants issue.

Education: In addition to providing educational materials, forums, and training sessions, Virginia will be participating in the National Consortium for Health Systems Development. Virginia's efforts in this area will help the State to become more knowledgeable of the circumstances, situations, and issues affecting other states. Virginia will also be able to share its experiences. It is anticipated that this open sharing and communication will foster an environment in which new ideas and ways of tearing down barriers to employment for persons with disabilities will flourish. The Commonwealth will be able to take the information gleaned from this partnership and create a more effective system of work supports. Grant funds will be used to support this collaborative effort and state-to-state travel expenses.

Health Systems Change

Virginia's move forward to remove barriers that exist for individuals with disabilities who want to work is an exciting move towards increased independence for individuals with disabilities. Creating the

greatest change to Virginia's health system will be the creation and implementation of a Medicaid buy-in. This plan will allow many individuals who were unable to work due to loss of health coverage to join the workforce. A new categorically needy eligibility group will have to be added to the State Plan. Furthermore, Medicaid data systems will need revising and improvements to accommodate reporting, tracking, and evaluating individuals covered under the new group. Education of consumers, providers, advocates, and employers will also need to take place.

Many positive changes will also take place with the delivery of personal assistance services. Individuals who require more than 42 hours of personal assistance a week will be able to access consumer-directed personal assistance services. In addition, a special earnings allowance for employment will also be added to applicable waivers in order to encourage employment. Also, all of the Medicaid HCBS waivers will be revised with an emphasis on being more consumer-directed and more conducive to encouraging employment. The use of consumer-directed personal assistance services as a workplace support will be included in some of the Medicaid HCBS waivers that do not currently use this language.

Development of the Medicaid buy-in is only one of many steps towards tearing down the barriers that exist for individuals with disabilities who want to work.

Communications/Access Plan

Part of the process of developing Virginia's MIG application has involved extensive efforts to inform the disability community about the availability of Infrastructure Grant funds, and to solicit input from members of the disability community in the development of Virginia's application. As mentioned below (see Partnerships and Research/Program Development sections), a number of organizations served as co-sponsors of the Medicaid Buy-In Consumer Forum held in Richmond at the end of February 2001. In addition to helping bring a broad group of consumers and advocates together for the Forum (see details under Research/Program Development, below), these co-sponsors (including the Virginia Association of Centers for Independent Living, the Mental Health Planning Council, the State Rehabilitation Council, the

Statewide Independent Living Council, the State Rehabilitation Council for the Blind and Vision Impaired, and the Virginia Board for People with Disabilities) are continuing to disseminate information on Virginia's plans for infrastructure improvements to their constituents.

The Commonwealth is also fortunate to have the HandiNet, a grassroots, Internet-based, cross-disability communications network for disability issues. HandiNet is dedicated to advancing the issues of the disability community, especially that of Virginia, through grass-roots activism, public education, and advocacy. HandiNet serves as an Internet-based communication vehicle, and maintains listservs on a number of disability-related topics, including:

- Disability Advocacy in the Commonwealth of Virginia
- Social Security, Disability and Work
- Technology, Transportation and Access For Persons with Mobility Impairments
- Education Advocacy for Students with Disabilities in Virginia
- Old Dominion Council of the Blind and Visually Impaired
- Association for Persons in Supported Employment - Virginia Chapter
- MHCONSUMER-VA Consumers of Mental Health Services in Virginia

The administrators of the HandiNet have disseminated information regarding Virginia's MIG application via the general listserv, and have indicated their willingness to continue to serve as a communications vehicle for Medicaid Infrastructure developments. Funds from Virginia's MIG project will be used to support this effort.

A MIG project web site will also be developed. The site will contain information on the MIG (and Virginia's progress in implementing the grant). As the state's Medicaid Buy-In program is developed and implemented, this web site will also serve as a source of information on the Medicaid buy-in and other work

incentives, and will provide links to and from the web sites already established by other disability organizations throughout the state.

Recognizing that not all individuals with disabilities have access to these Internet-based mechanisms for communication, Virginia's MIG project will also explore the options for making use of existing partnerships with community-based organizations such as the CILs as a mechanism for sharing information about the MIG project. Some grant funds may be used to support local organizations' efforts in this area.

DRS has long recognized the importance of actively involving employers in the development of programs and services for people with disabilities seeking employment. The agency has established regional Employment Networks designed to link business representatives with recruitment resources from local and state organizations, including DRS itself. These regional networks can serve as vehicles for communicating information regarding the state's infrastructure improvements, as well as a mechanism for soliciting input from employers as various options for Virginia's Medicaid Buy-In program are being explored.

The Disability Commission, a legislative body that includes state legislators, state agency representatives, and private citizens, and is Chaired by Lieutenant Governor John Hager (himself an individual with a disability), has taken a leading role in the development of a Medicaid Buy-In program for Virginia. At the direction of the Disability Commission, a cross-organizational workgroup was established to conduct research and gather information, educate stakeholders and build coalitions, and assess various financial and programmatic options for a Medicaid buy-in program. With the assistance of the workgroup, the Commission is planning to host a Medicaid Buy-In Education Forum in the summer of 2001 for business leaders, Chamber of Commerce members, members of the disability community, policy makers, and others. The purpose of this Forum will be twofold: to inform these groups about the labor force development opportunities provided by the Medicaid Buy-In, and to solicit input from the employer

community on issues involving employing people with disabilities in the state. Employers will also be included in the MIG project Steering Committee (see Organization and Staffing, below).

Partnerships

For the successful improvement of services to individuals with disabilities to take place, partnerships between public and private entities will play a crucial role. Currently, state agencies, advocates, and educational entities such as the Department of Mental Health, Mental Retardation, and Substance Abuse Services, the Department for the Blind and Vision Impaired, the Department for the Deaf and Hard of Hearing, the Department of Rights of Virginians with Disabilities, the Department of Medical Assistance Services, the Department of Rehabilitative Services, the Virginia Board for People with Disabilities, the Department of Social Services, the Rehabilitation, Research, and Training Center on Workplace Supports affiliated with Virginia Commonwealth University, the Work Incentives Project affiliated with George Washington University, and the Statewide Independent Living Council have been working together in a Medicaid buy-in group. The work group, which was established by the Disability Commission, has been actively pursuing and researching solutions to barriers to employment for persons with disabilities in Virginia.

This effort has led to forums and correspondence with State legislators, advocates, and employers. A partnership with the National Consortium for Health Systems Development (NCHSD) has been established to facilitate broader communication with the disability community and other states. The NCHSD will be providing technical assistance to Virginia as it moves forward on this initiative, and MIG grant funds will be used to support these technical assistance activities. The Commonwealth will also provide the NCHSD with information and data relevant to the State's efforts. This information can then be used by other states to help in their planning and implementation phases.

As mentioned earlier, state agencies are also working collaboratively to develop applications for several of the Real Choice Grants. Virginia intends to use part of the MIG project funds to continue to build

collaborative relationships among employers, State and local agencies, service providers and the disability community. The Commonwealth recognizes the wealth and diversity of resources, knowledge, opinions, and ideas that these organizations will bring to this effort.

Monitoring Plan

As mentioned above (see Current Infrastructure), information is available from a variety of sources to assess Virginia's progress in making infrastructure improvements that support competitive employment of people with disabilities. Some of these information sources (for example, the client data systems for the state vocational rehabilitation programs of DRS and DBVI) already have routine reporting mechanisms that can be reviewed for modifications to enable Virginia's MIG project to assess the project's impact on employment of people with disabilities. Other information sources (for example, the biannual needs assessments conducted by Virginia's 40 Disability Services Boards (DSBs)) may require some technical assistance and support from the MIG project to enable them to collect targeted information for tracking progress in our efforts to remove barriers to employment.

Virginia is fortunate to have already established a base estimate of the number of people with disabilities who are currently employed, through the recently-completed Virginia Disability Survey. MIG project funds will be used to provide periodic updates to this survey, designed to assess changes in the numbers of people with disabilities who are employed, as well as changes in employment levels among those who were already employed.

As mentioned above (see Health Systems Change), some project funds will be used to focus on data collection systems. These modifications will include changes designed to allow for collection of information on characteristics and employment outcomes for individuals who make use of the Medicaid Buy-In program to be developed in Virginia. Periodic reports will be developed for dissemination to project staff, partner agencies, the project steering committee and other stakeholders.

Other mechanisms for monitoring progress will include periodic surveys, focus groups and other mechanisms to obtain input from consumer groups, employers, service providers and other stakeholders. These activities will be developed and implemented in consultation with the project steering committee. Many of these activities will be carried out in collaboration with local community organizations such as CILs, ESOs, and CSBs, as well as researchers affiliated with such organizations as the Survey Research and Evaluation Laboratory and the Rehabilitation Research and Training Center on Workplace Supports at Virginia Commonwealth University.

Research/Program Development

Efforts to assess, research, and develop solutions to remove barriers to competitive employment for people with disabilities have been actively pursued in Virginia. DMAS and DRS, along with other state agencies, private organizations, and consumer groups have been coordinating activities to help form an effective system of collaboration.

As mentioned earlier, the Disability Commission requested the formation of a task force to address the Medicaid buy-in issue. As a result, DMAS and DRS formed the Medicaid buy-in workgroup which includes participants from state agencies, the disability community, George Washington University, and Virginia Commonwealth University. The work group provides information and updates to the Disability Commission on its activities and progress.

Staff from the DMAS have attended conferences on the Medicaid buy-in that have been sponsored by such organizations as the Health Care Financing Administration and the American Public Human Services Association. To help educate and raise awareness, members of the Medicaid buy-in work group have made presentations to and attended informational gatherings of different organizations within the disability community in Virginia. In order to move forward on Virginia's Medicaid buy-in program, Medicaid buy-in programs developed by other states, the Balanced Budget Act of 1997, and the TWWIIA are being researched.

In addition, a 1619(b) workgroup was created by the Medicaid buy-in workgroup to address current work incentive provisions established by the Social Security Administration and to more specifically address 1619(b) eligibles and their receipt of benefits in the Commonwealth. This includes: identification of a possible 1619(b) problem; ongoing review of 1619(b) issues in other states; communication with other states who have experienced 1619(b) problems; meetings with experts on work incentives, SSI, and SSDI from Virginia Commonwealth University and George Washington University; review of current Social Security Administration and Department of Social Services procedures and practices for identifying potential 1619(b) eligibles; and meetings with the Social Security Administration.

A cross-disability consumer forum was also held to gain input from the disability community as well as to assess employment barriers in Virginia. The Medicaid Buy-In Consumer Forum, which was held in Richmond, the state capital, in February 2001, brought together a broad group of consumers, advocates, state and local agencies, and national experts to begin the process of exploring the issues Virginia faces in effectively supporting people with disabilities who want to work. The organizations that participated in the Consumer Forum are listed in Table 3 (see Endorsements and Support section, below). Following general session presentations in the morning, meeting participants formed three subgroups in the afternoon to discuss three key questions:

1. What are the issues and barriers that impede the competitive employment of people with disabilities in Virginia?
2. In developing a Medicaid Buy-In Program for Virginia, what kinds of data and information should be gathered, and from whom?
3. Who else should be involved in the development of the Medicaid Buy-In Program? In other words, who else should be at the table?

A summary of these discussions is provided in Appendix E.

Products and Timeline

The following products are expected over the next four years of funding provided by full eligibility.

Stakeholder Input: Formal documented evidence of input on various issues from different stakeholders including the disability community and employers. Includes surveys and forums.

Year One 1/2002 - 12/2002	Year Two 1/2003 – 12/2003	Year Three 1/2004 – 12/2004	Year Four 1/2005 – 12/2005
<ul style="list-style-type: none"> ▪ Needs and priorities in regard to services needed, cost-sharing, disregards ▪ Employment information ▪ Involvement of consumers, employers, and other stakeholders in the design of the Medicaid buy-in 	<ul style="list-style-type: none"> ▪ Education ▪ Training strategies 	<ul style="list-style-type: none"> ▪ Improvements that need to be made ▪ Further input on education and training 	<ul style="list-style-type: none"> ▪ Assess impact ▪ Improvements that need to be made ▪ Assess implementation process

Dissemination and Learning To and From Other States: The exchange of knowledge among the states that have implemented, are planning to implement, or are investigating the Medicaid buy-in for the benefit of all parties involved.

Year One 1/2002 – 12/2002	Year Two 1/2003 – 12/2003	Year Three 1/2004 – 12/2004	Year Four 1/2005 – 12/2005
<ul style="list-style-type: none"> ▪ Establish partnership with NCHSD ▪ Gather and evaluate data on other states' experiences ▪ Actively solicit the input of other states on Virginia's proposed buy-in programs through the NCHSD 	<ul style="list-style-type: none"> ▪ Exchange of knowledge with NCHSD on successful education and training efforts, effective project evaluation methods 	<ul style="list-style-type: none"> ▪ Exchange of information on possible improvements, education, and training 	<ul style="list-style-type: none"> ▪ Sharing information with NCHSD of what Virginia has found from its buy-in experience (ex: employment data, effective methods of training, etc.)

Medicaid Buy-In Program Activities: The development and implementation of a Medicaid buy-in.

Year One 1/2002 – 12/2002	Year Two 1/2003 – 12/2003	Year Three 1/2004 – 12/2004	Year Four 1/2005 – 12/2005
<ul style="list-style-type: none"> ▪ Disseminate surveys to develop a framework for the buy-in ▪ Analysis of consumer, state, national, and employer data ▪ Analysis of the role of Medicare, SSI, SSDI, work incentives, private insurance, and employer sponsored health insurance ▪ Plan for education and training activities ▪ Develop cost-models and estimates ▪ Develop a legislative proposal 	<ul style="list-style-type: none"> ▪ Conducting database changes and planning for other changes that will be made ▪ Passage of enabling legislation ▪ Implement data systems changes ▪ Training ▪ Education ▪ Implementation of Medicaid buy-in 	<ul style="list-style-type: none"> ▪ Continued education ▪ Training 	<ul style="list-style-type: none"> ▪ Analysis and evaluation of changes to data systems, cost estimates, implementation, impact (employment, disability community)

Personal Assistance Services: The addition of a special earnings allowance for employment, the elimination of a previously placed restriction on the number of hours of consumer-directed PAS an individual may receive under the CDPAS waiver, and other improvements will be implemented. (For more detail see below.)

Year One 1/2002 – 12/2002	Year Two 1/2003 – 12/2003	Year Three 1/2004 – 12/2004	Year Four 1/2005 – 12/2005
<ul style="list-style-type: none"> ▪ Renewal of waivers 	<ul style="list-style-type: none"> ▪ Regulatory process started 	<ul style="list-style-type: none"> ▪ Regulatory process completed 	

The revision of the AIDS, E&D, and MR Waivers involves an extensive process that includes the involvement of a workgroup for each waiver, consisting of consumers, advocates, providers, and state

agency representatives that will work with DMAS to design more consumer-directed, employment-friendly Medicaid HCBS waivers. Improvements to be made to the Medicaid HCBS waivers include:

- AIDS Waiver

1. DMAS will submit to HCFA the renewal application for the AIDS Waiver by August 1, 2001. This will include the addition of consumer-directed personal assistance services and allowing the use of personal assistance services as a workplace support.
2. DMAS will revise the AIDS Waiver state regulations to reflect that personal assistance services can be provided in the home and in the community, include consumer-directed personal assistance services, and allow the use of consumer-directed personal assistance services as a workplace support. The regulatory process will be initiated by DMAS within 30 days after receiving waiver approval by HCFA. The full regulatory process for the AIDS Waiver state regulations will take approximately 18 months.
3. DMAS will revise the AIDS Waiver provider manual to reflect that personal assistance services can be provided in the home and in the community, include consumer-directed personal assistance services, and how these services can be used as workplace supports. The manual will be revised to go into effect the same day the regulations become effective.

- Elderly and Disabled Waiver

1. DMAS will submit to HCFA the renewal application for the E&D Waiver by September 1, 2001. This will include the addition of consumer-directed personal assistance services, personal emergency response systems, environmental modifications, and a special earnings allowance for employment. In addition, the E&D Waiver will allow the use of consumer-directed personal assistance services as a workplace support.
2. DMAS will initiate the E&D Waiver state regulatory process within 30 days after receiving waiver approval by HCFA to include in the state regulations the services identified above and the addition of

personal needs allowance disregards for individuals who are employed in the E&D Waiver. The regulations will also allow the use of consumer-directed personal assistance services as a workplace support. The full regulatory process for the E&D Waiver state regulations will take approximately 18 months.

3. DMAS will revise the E&D Waiver provider manual to reflect that personal assistance services can be provided in the home and in the community, include the addition of consumer directed personal assistance services and how these services can be used as workplace supports. The manual will also explain how employed individuals can have a portion of their earned income disregarded. The manual will be revised to go into effect the same day the regulations become effective.
- Mental Retardation Waiver
1. DMAS will submit a new MR Waiver application to HCFA on May 1, 2001. This will include the addition of consumer-directed personal assistance services, personal emergency response systems, consumer-directed respite services, agency and consumer-directed companion services, and a special earnings allowance for employment. The MR Waiver will also allow the use of consumer-directed personal assistance services as a workplace support.
 2. DMAS will initiate the regulatory process within 30 days after receiving waiver approval by HCFA to revise the MR Waiver state regulations. The regulations will reflect the addition of services identified above, the addition of a special earnings allowance for employment in the MR Waiver, and allowing consumer-directed personal assistance services to be used as a workplace support. The full regulatory process for the MR Waiver state regulations will take approximately 18 months.
 3. DMAS will revise the MR Waiver provider manual to reflect the addition of services, to state that consumer-directed personal assistance services can be used as a workplace support, and to explain how working individuals can have a portion of their earned income disregarded. The manual will be revised to go into effect the same day the regulations become effective.

- Consumer-Directed Personal Assistance Services Waiver
1. The CDPAS Waiver will not be renewed by DMAS. Instead, consumer-directed personal assistance services will be offered under the E&D Waiver. When the CDPAS Waiver was created in 1997, it was developed as an alternative model of personal assistance to agency-directed personal assistance services offered in the E&D Waiver. Both E&D and CDPAS Waivers currently serve the same population of physically disabled and elderly individuals, and they have the same alternative institutional placement of nursing facility care. By adding consumer-directed personal assistance services to the E&D Waiver, the CDPAS Waiver will no longer be needed. The CDPAS Waiver requires consumer-directed personal assistance services to be individually cost effective, restricting its use for those individuals who require more than 42 hours of personal assistance per week. Through inclusion of consumer-directed personal assistance services under the E&D Waiver and the removal of the limit on this service, more individuals will be encouraged to utilize this service and increase their level of participation in the community.

Organization and Staffing

DMAS, Virginia's single State Medicaid Agency, will serve as the lead agency for Virginia's MIG project, in collaboration with DRS, other state agencies, consumers, and private organizations. The Director of Policy and Research for DMAS, Kathryn T. Kotula, will serve as Project Director. The DRS Director of Grants and Special Programs, Dr. Joseph M. Ashley, will serve as the Project Manager at DRS.

Ms. Kotula, the Project Director, currently serves as the Director of the Division of Policy and Research for the Department of Medical Assistance Services. In her current position, Ms. Kotula is responsible for policy analysis, development, planning, research, regulatory coordination, and provider manual development for the Department of Medical Assistance Services. As Director of the Division of Policy and Research, she has led DMAS in its Medicaid buy-in activities. Ms. Kotula possesses a wealth of experience in the development and implementation of Medicaid programs.

Dr. Ashley, the DRS Project Manager currently serves as DRS Assistant Commissioner directing the Grants and Special Programs Division. In this position, he has the responsibility for oversight of the agency's activities related to the TWWIIA and WIA programs. Dr. Ashley brings to Virginia's MIG project a wealth of experience in developing collaborative consumer and interagency initiatives, and systems change projects. He has also served as DRS' vocational rehabilitation program director, and has an extensive background in rehabilitation program administration.

A Statewide Steering Committee will be established to provide guidance and advice to Virginia's MIG project. The Steering Committee will include broad representation from the disability community, as well as employers, service providers, representatives from the state agencies involved in development and implementation of the project (see Partnerships, above), legislators and other stakeholders. Ms. Kotula and Dr. Ashley will also serve as members of the Steering Committee.

A smaller Executive Committee will be established to more thoroughly assess findings of the Statewide Steering Committee and provide recommendations to the Project Director. Executive Committee members will include representatives from state agencies, consumers, and other stakeholders.

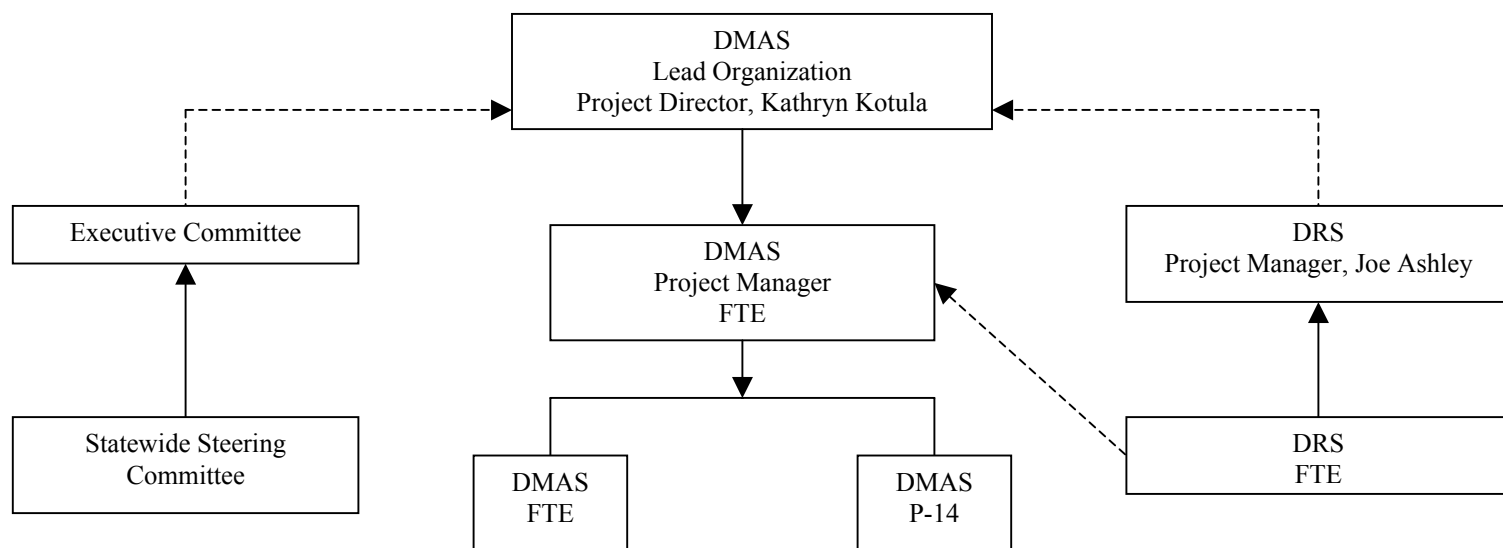
A Project Manager at DMAS will be hired with Infrastructure Grant funds to provide day-to-day management of Virginia's MIG project. The qualifications of the person to be hired include:

- Knowledge of and experience in designing and implementing health care programs;
- Knowledge of issues for people with disabilities served by Medicaid;
- Experience in working with consumer/community coalitions;
- Experience in managing health-care or related projects;
- Experience in personnel supervision.

The Project Manager will be supervised by the Project Director, and will provide staff support to the Steering Committee.

Three additional staff persons will be hired using grant funds, to assist in the implementation of Virginia's MIG project. One full-time staff person, to be located at DMAS, will concentrate on developing informational materials, Medicaid Buy-In project design and evaluation, and will work with other DMAS staff on related activities. A second full-time person, to be located at DRS, will focus on project activities related to consumer involvement and input, as well as education and training for consumers, advocates and service providers. A third part-time clerical staff person will be hired to support the activities of the other project staff. The two project staff positions housed at DMAS will be supervised by the DMAS Project Manager. The project staff position located at DRS will be supervised by Dr. Joseph Ashley, the DRS Project Manager, with additional supervision provided by the Project Manager at DMAS. Once recruitment for the grant-funded positions begins, they will be widely advertised in the disability community (e.g., through Virginia's CILs and CRPs, as well as DRS' Employment Networks and DBVI's job placement services), and people with disabilities will be encouraged to apply. The overall management structure of Virginia's MIG project is delineated in Figure 1, below.

Figure 1



Endorsements and Support

DMAS has received extensive support for its MIG application from a number of different state agencies, consumer groups, service provider organizations, and others. Table 3 delineates those agencies, organizations, and individuals who have offered their support to this initiative. Individual letters of support are included in Appendix F.

Table 3. Summary of Endorsements and Support for Virginia's MIG Application				
Organization	Participated in Medicaid Buy-In Consumer Forum	Participated in Disability Commission's Medicaid Buy-In Workgroup	Participated in developing Virginia's MIG application*	Participate in MIG Steering Committee**
State agencies/organizations				
Board for People with Disabilities	YES	YES		YES
Department for the Blind and Vision Impaired	YES	YES	YES	YES
Department for the Deaf and Hard of Hearing	YES	YES		YES
Department of Mental Health, Mental Retardation, & Substance Abuse Services	YES	YES	YES	YES
Department of Rehabilitative Services	YES	YES	YES	YES
Mental Health Planning Council	YES		YES	YES
Statewide Independent Living Council	YES	YES		YES
State Rehabilitation Council	YES			YES
State Rehabilitation Council for the Blind and Vision Impaired	YES		YES	YES
Consumer and service provider organizations				
The ARC				YES
American Council of the Blind	YES		YES	YES
Association for Persons in Supported Employment				YES

Table 3. Summary of Endorsements and Support for Virginia's MIG Application				
Organization	Participated in Medicaid Buy-In Consumer Forum	Participated in Disability Commission's Medicaid Buy-In Workgroup	Participated in developing Virginia's MIG application*	Participate in MIG Steering Committee**
The Autism Program of Virginia			YES	YES
Brain Injury Association of Virginia	YES			YES
Central Virginia HIV Care Consortium	YES			YES
The National Alliance for the Mentally Ill-Virginia	YES			YES
National Federation of the Blind	YES			YES
National Multiple Sclerosis Society, Central Virginia Chapter	YES		YES	YES
VOCAL	YES			YES
Virginia Alliance of Brain Injury Service Providers	YES			YES
Virginia Association of Centers for Independent Living	YES		YES	YES
Virginia Association of the DeafBlind	YES		YES	YES
Virginia Brain Injury Council	YES			YES
Virginia Spinal Cord Injury Council	YES		YES	YES
Others				
Lt. Governor John Hager				YES
Virginia Goodwill Coalition			YES	YES
*Includes those who reviewed and commented on the draft application.				
**Will be invited to participate.				

Budget Narrative

Four years of funding will be needed to successfully complete the goals previously stated in the project narrative. The first year will be primarily spent gathering information, conducting public meetings, and designing a Medicaid buy-in for Virginia. Year two, if legislation is passed, will be devoted to implementation, computer changes, and training. During the final two years Virginia will continue to refine the program and gain consumer input to create the most effective Medicaid buy-in for the citizens of the Commonwealth.

The following budget shows Virginia's anticipated expenditures over the next four years. These funds will allow Virginia to help reduce barriers to employment for individuals with disabilities within the Commonwealth.

Budget Category	Year One	Year Two	Year Three	Year Four	TOTAL
STAFFING	260,224	260,224	260,224	260,224	1,040,897
CONSUMER FORUMS	26,000	24,000	24,000	24,000	98,000
WORKSHOPS	16,000	16,000	16,000	8,000	56,000
CONSUMER SURVEYS	100,276	0	0	100,276	200,552
EMPLOYER FORUMS	4,000	0	0	4,000	8,000
INFORMATION SYSTEMS	2,500	100,776	67,776	31,000	202,052
EDUCATIONAL MATERIALS	17,000	25,000	58,000	4,500	104,500
STATE-TO-STATE TECHNICAL ASSISTANCE	40,000	40,000	40,000	40,000	160,000
MEETINGS	34,000	34,000	34,000	28,000	130,000
TOTAL	\$500,000	\$500,000	\$500,000	\$500,000	\$2,000,000

Staffing

As discussed earlier in the project narrative, a full time project manager to be located at DMAS, a full time employee at DMAS, a full time employee at DRS, and a part time clerical support employee at DMAS will be funded with grant monies. The salary and benefit costs have been incorporated into the final four year figure.

Consumer Forums

Based on Virginia's previous experience hosting consumer forums each forum was estimated to cost \$4,000. Four consumer forums are planned a year, with each one in a different location across the State. Five focus groups, each one with representatives from the different disability groups, are planned for the first year. Four focus groups a year at a cost of \$2,000 a piece are planned for years two through four. The costs will cover travel, conference expenses, and accommodations for individuals with disabilities.

Workshops

Workshops to educate consumers, advocates, and employers will be held every year. In years one through three workshops will be held in four different regions. In year four, those four regions will be consolidated and two workshops will be presented. The average cost per workshop is estimated at \$4000 for a total cost of \$56,000 over four years. The costs will cover travel, workshop expenses, and accommodations for individuals with disabilities.

Consumer Surveys

A survey will be conducted in year one to gather information from the disability community. The survey will include information on what tools they need to successfully work and what some of the different Medicaid buy-in options are that they would find most conducive to supporting employment. A survey will also be conducted in the fourth year to gain a better understanding of the impact created by the Medicaid buy-in. Each survey is estimated to cost \$100,276.

Employer Forums

Employer forums will be held in years one and four to educate and train employers. Total cost is estimated at \$8,000. Estimated costs include travel, accommodations for individuals with disabilities, and forum expenses.

Information Systems

The budget in year one provides for the purchase of computer equipment and software for staff funded under the grant. Years two through four, budget for the establishment of a data tracking system and its maintenance. Total information systems costs are estimated to be \$202,052.

Educational Materials

\$104,500 has been allocated for the creation and distribution of educational materials during all four grant years. Year one will focus on current work-incentives. Funding in years two through four will help to create new materials on the Medicaid buy-in. Examples of educational materials include pamphlets, handbooks, brochures, etc.

State-to State Technical Assistance

\$40,000 a year will be used to support state-to state technical assistance. This includes membership with the National Consortium for Health Systems Development and the costs incurred with the exchange of information between states.

Meetings

Costs have been calculated in the amount of \$130,000 over the four year period. Funds will be used to cover lodging, conference fees, accommodations for individuals with disabilities, and transportation costs of individuals participating in the various meetings to support the Infrastructure Grant. This includes travel to other states and Steering Committee meetings. Other costs include the HCFA required conferences. The total budget for meetings includes \$12,000 a year for each year for staff and consumers to attend two HCFA sponsored grant meetings as well as two HCFA sponsored technical assistance

meetings a year in Washington, D.C. The budgeted amount includes transportation, conference fees, and lodging.